

Z 364 576 759

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to <b>Bill Lewis</b>	
Street & Number <b>8302 ELKO Dr.</b>	
Post Office, State, & ZIP Code <b>Ellicott City, MD</b>	
Postage	\$ <b>1.06</b>
Certified Fee	<b>2.30</b>
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	<b>1.75</b>
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ <b>5.11</b>
Postmark or Date <b>2/6/03</b>	

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

<b>SENDER:</b> ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: <b>William R. Lewis, Jr.</b> <b>8302 ELKO Drive</b> <b>Ellicott City, MD 21043</b>		4a. Article Number <b>Z364576759</b>	
5. Received By: (Print Name) <b>Bill Lewis</b>		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD <input checked="" type="checkbox"/> Certified	
6. Signature: (Addressee or Agent) <b>X [Signature]</b>		7. Date of Delivery <b>2/8/03</b>	
PS Form 3811, December 1994 102595-97-B-0179		8. Addressee's Address (Only if requested and fee is paid) <b>Domestic Return Receipt</b>	

Thank you for using Return Receipt Service.

